

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

STATINTL

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 26 June '53
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Termination of Contract		6. EFFECTIVE DATE A. PROPOSED: 30 June 1953 B. APPROVED:	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.) Intermittent Expert - Machine Indexing Project			

STATINTL

FROM— B. Temporary Expert 9. \$5310. per annum 10. 11. Washington, D. C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	8. POSITION TITLE AND NUMBER 9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	TO—
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A. REMARKS (Use reverse if necessary)

Machine Indexing Project terminates on 30 June 1953.

B. REQUESTED BY (Name and title) W. L. Pool, Management Officer	D. REQUEST APPROVED BY Signature: _____ Title: E. F. Saunders, Controller
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)	

13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION					
NONE	WWII	OTHER	5-PT.	10-POINT		NEW	VICE	I. A.	REAL
				DISAB.	OTHER				
15. SEX	16. RACE	17. APPROPRIATION FROM: TO:		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)		19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			
F. APPROVED BY			

I RESIGN FOR THE FOLLOWING REASON:

DATE _____

MY LAST WORKING DAY WILL BE _____ (SIGNATURE) _____

24. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

(STREET)

(CITY)

(ZONE)

(STATE)

BRIEF DESCRIPTION OF DUTIES

QUALIFICATIONS

EDUCATION

(If pertinent)

AGE RANGE _____ SEX _____

Essential:

Desired:

ESSENTIAL QUALIFICATIONS (Experience, Skills, Languages, Area Knowledge, etc.)

DESIRED QUALIFICATIONS (Experience, Skills, Languages, Area Knowledge, etc.)